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Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
NORTHERN DISTRICT OF ILLINOIS		
Case number (if known)	Chapter you are filing under:	
	■ Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	☐ Chapter 13	☐ Check if this an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pa	rt 1:	Identify Yourself		
			About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	You	r full name		
	Writ	e the name that is on	Eunice	
	pictu	r government-issued ure identification (for mple, your driver's	First name	First name
	license or passport).	Middle name	Middle name	
ic	Brin	g your picture	Lee	
		identification to your meeting with the trustee.	Last name and Suffix (Sr., Jr., II, III)	Last name and Suffix (Sr., Jr., II, III)
2.		other names you have d in the last 8 years		
		ude your married or den names.		
3.	you nun Indi	y the last 4 digits of r Social Security nber or federal vidual Taxpayer ntification number N)	xxx-xx-6417	

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Document Case number (if known) Debtor 1 **Eunice Lee**

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):				
Numbers (EIN) you have		Spin Cycle Store #132 Business name(s) 20-1557463 26-2574668	☐ I have not used any business name or EINs. Business name(s) EINs				
5. Where you live		174 E. Colonial Drive	If Debtor 2 lives at a different address:				
		Vernon Hills, IL 60061					
		Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code				
		Lake County	County				
		,					
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.				
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code				
6.	Why you are choosing	Check one:	Check one:				
	this district to file for bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.				
		☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)				

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Case number (if known) Debtor 1 **Eunice Lee**

ar	Tell the Court About	Your E	Bankruptcy Ca	se				
7.	The chapter of the Bankruptcy Code you are	Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.						
	choosing to file under	■ C	Chapter 7					
			Chapter 11					
			Chapter 12					
			Chapter 13					
3.	How you will pay the fee	•	about how your order. If your	will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details bout how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money rder. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with pre-printed address.				
			I need to pay	the fee in ins	tallments. If you choose ts (Official Form 103A).	e this option, sign and	attach the Application for	Individuals to Pay
			I request that but is not req applies to you	t that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, t required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out ication to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition.				
O. Have you filed for ■ No. bankruptcy within the								
	last 8 years?	□ Ye	es.					
			District		When		Case number	
			District		When		Case number	
			District		When		Case number	
10.	Are any bankruptcy cases pending or being	■ N	0					
	filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	□ Ye	es.					
			Debtor				Relationship to you	
			District		When		_ Case number, if known	
			Debtor				_ Relationship to you	
			District		When		_ Case number, if known	
11.	Do you rent your residence?	■ N	o. Go to I	ne 12.				
		☐ Ye	es. Has yo	ur landlord obta	ained an eviction judgm	ent against you and do	o you want to stay in your	residence?
				No. Go to line	12.			
				Yes. Fill out <i>In</i> bankruptcy pe		n Eviction Judgment A	gainst You (Form 101A) a	and file it with this

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Case number (if known)

Debtor 1 Eunice Lee Part 3: Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole proprietor of any full- or part-time ■ No. Go to Part 4. business? Name and location of business Yes A sole proprietorship is a business you operate as Spin Cycle 153 an individual, and is not a Name of business, if any separate legal entity such as a corporation, partnership, or LLC. 4701 N. Pulaski Rd. If you have more than one Chicago, IL 60630 sole proprietorship, use a Number, Street, City, State & ZIP Code separate sheet and attach it to this petition. Check the appropriate box to describe your business: Health Care Business (as defined in 11 U.S.C. § 101(27A)) Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate Chapter 11 of the deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of Bankruptcy Code and are operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure you a small business in 11 U.S.C. 1116(1)(B). debtor? I am not filing under Chapter 11. No. For a definition of small business debtor, see 11 I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy ■ No. U.S.C. § 101(51D). I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. ☐ Yes. Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have any ■ No. property that poses or is alleged to pose a threat ☐ Yes. of imminent and What is the hazard? identifiable hazard to public health or safety? Or do you own any If immediate attention is property that needs needed, why is it needed? immediate attention? For example, do you own perishable goods, or livestock that must be fed. Where is the property? or a building that needs urgent repairs? Number, Street, City, State & Zip Code

Debtor 1 Eunice Lee Document Page 5 of 17 Case number (if known)

Part 5: E

Explain Your Efforts to Receive a Briefing About Credit Counseling

Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

□ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Document Page 6 of 17 Case number (if known) Debtor 1 **Eunice Lee** Part 6: **Answer These Questions for Reporting Purposes** 16. What kind of debts do 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." you have? No. Go to line 16b. ☐ Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. ■ No. Go to line 16c. Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts 17. Are you filing under I am not filing under Chapter 7. Go to line 18. ☐ No. Chapter 7? I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses Do you estimate that Yes. after any exempt are paid that funds will be available to distribute to unsecured creditors? property is excluded and administrative expenses ■ No are paid that funds will be available for ☐ Yes distribution to unsecured creditors? 18. How many Creditors do **1**,000-5,000 **1** 25.001-50.000 1-49 you estimate that you **5001-10.000 5**0.001-100.000 **50-99** owe? **1**0.001-25.000 ■ More than 100.000 **1**00-199 **200-999** 19. How much do you □ \$500,000,001 - \$1 billion **\$0 - \$50,000** □ \$1,000,001 - \$10 million estimate your assets to □ \$50,001 - \$100,000 □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion be worth? □ \$100,001 - \$500,000 □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion □ \$100.000.001 - \$500 million ■ \$500,001 - \$1 million 20. How much do you □ \$0 - \$50,000 □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion estimate your liabilities □ \$1,000,000,001 - \$10 billion □ \$50,001 - \$100,000 □ \$10,000,001 - \$50 million to be? □ \$100,001 - \$500,000 □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion □ \$100,000,001 - \$500 million ■ More than \$50 billion ■ \$500,001 - \$1 million Sign Below Part 7: For you I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Eunice Lee Signature of Debtor 2 **Eunice Lee** Signature of Debtor 1 Executed on May 12, 2017 Executed on

MM / DD / YYYY

MM / DD / YYYY

Debtor 1 Eunice Lee Document Page 7 of 17 Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ Ariel W	eissberg	Date	May 12, 2017
Signature of	Attorney for Debtor		MM / DD / YYYY
Ariel Weis	sberg		
Weissberg	g and Associates, Ltd.		
401 S. LaS Suite 403	Salle St.		
Chicago, I	L 60605		
Number, Street,	City, State & ZIP Code		
Contact phone	312-663-0004	Email address	ariel@weissberglaw.com
03125591			
Bar number & St	tate		

Ca	se 17-14983		=ntered :age 8 o	05/12/17 16:2 f 17	13:51 Desc N	ıaın
Fill in this inform	nation to identify you		au c o u	1 17		
Debtor 1	Eunice Lee					
Debior 1	First Name	Middle Name Las	t Name			
Debtor 2						
(Spouse if, filing)	First Name	Middle Name Las	t Name			
United States Bar	nkruptcy Court for the:	NORTHERN DISTRICT OF ILLINOI	IS			
Case number						
(if known)					☐ Check	if this is an
					ameno	ded filing
Official Form	106D					
		Who Have Claims Se	curod	by Proporty		40/45
Scriedule	D. Creditors	WIIO Have Claims Se	cureu	by Property	<u>y</u>	12/15
		If two married people are filing together, boot, number the entries, and attach it to thi				
1. Do any creditors	have claims secured by	your property?				
☐ No. Check	this box and submit th	his form to the court with your other sche	edules. You	have nothing else to	report on this form.	
Yes. Fill in	all of the information I	below.		_		
	I Secured Claims					
		more than one secured claim, list the creditor	oon orotoly	Column A	Column B	Column C
for each claim. If me	ore than one creditor has	the chair one secured claim, list the creditors in Pacal order according to the creditor's name.		Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion If any
2.1 PHH Morto	gage Services	Describe the property that secures the cl	laim:	\$113,999.07	\$425,000.00	\$0.00
Creditor's Name		174 E. Colonial Drive Vernon Hil IL 60061 Lake County	ls,			
P.O. Box 5	5452	As of the date you file, the claim is: Check	all that			
	irel, NJ 08054	apply. Contingent				
	City, State & Zip Code	☐ Unliquidated				
		☐ Disputed				
Who owes the de	bt? Check one.	Nature of lien. Check all that apply.				
Debtor 1 only		An agreement you made (such as mortg	age or secur	ed		
Debtor 2 only		car loan)				
☐ Debtor 1 and De	btor 2 only	☐ Statutory lien (such as tax lien, mechanic	c's lien)			
At least one of the	e debtors and another	☐ Judgment lien from a lawsuit				
☐ Check if this cla community del		Other (including a right to offset)				
Date debt was incu	irred	Last 4 digits of account number	7437			
Add the dollar va	lue of your entries in C	olumn A on this page. Write that number h	ere:	\$113,99	9.07	
	page of your form, add	the dollar value totals from all pages.		\$113,99		

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

		Document	Page 9	of 17		
Fill in th	is information to identify your	case:				
Debtor 1	Eunice Lee					
	First Name	Middle Name	Last Name			
Debtor 2 (Spouse if,		Middle Name	Last Name			
	-					
United S	tates Bankruptcy Court for the:	NORTHERN DISTRICT OF IL	LINOIS			
Case nu	mber					
(if known)					□ C	heck if this is an
					aı	mended filing
Officia	l Form 106E/F					
		Vho Have Unsecured	Claims			12/15
		se Part 1 for creditors with PRIORIT		Port 2 for oroditors with NONE	DIODITY alais	
schedule schedule eft. Attacl ame and	G: Executory Contracts and Unexp D: Creditors Who Have Claims Sec h the Continuation Page to this pac case number (if known).	s that could result in a claim. Also I pired Leases (Official Form 106G). I cured by Property. If more space is ge. If you have no information to re	o not include needed, copy	any creditors with partially se the Part you need, fill it out, n	cured claims umber the ent	that are listed in tries in the
Part 1:	List All of Your PRIORITY U					
_	ny creditors have priority unsecure	ed claims against you?				
_	o. Go to Part 2.					
☐ Ye		TV Unaccured Claims				
Part 2:						
	ny creditors have nonpriority unse	- ,				
⊔ N	o. You have nothing to report in this p	part. Submit this form to the court with	your other sch	edules.		
■ Ye	es.					
unse	cured claim, list the creditor separate one creditor holds a particular claim,	laims in the alphabetical order of the ly for each claim. For each claim listed list the other creditors in Part 3.If you	d, identify what	type of claim it is. Do not list claim	ms already inc	luded in Part 1. If more
	-					Total claim
4.1	Bank of Hope	Last 4 digits of acc	ount number	0001		\$44,423.01
	Nonpriority Creditor's Name					<u> </u>
	Midwest Region	When was the debt	incurred?			-
	4001 W. Devon Ave. Chicago, IL 60646					
	Number Street City State Zlp Code	As of the date you	file, the claim	is: Check all that apply		
'	Who incurred the debt? Check one.					
I	Debtor 1 only	☐ Contingent				
l	Debtor 2 only	☐ Unliquidated				
ı	Debtor 1 and Debtor 2 only	☐ Disputed				
ı	At least one of the debtors and an	nother Type of NONPRIOR	RITY unsecure	d claim:		
	☐ Check if this claim is for a com					
	debt			aration agreement or divorce tha	t you did not	
-	s the claim subject to offset?	report as priority clai		ng plans, and other similar debts		
'	No					
ı	☐ Yes	Other. Specify	60659 Coc	estern Ave., Suite 132 C ok County	ilicayo, IL	-

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Debtor	1 Eunice Lee	Case number (if know)	
4.2	Chris Verreniotis Nonpriority Creditor's Name	Last 4 digits of account number	Unknown
	3530 W. Peterson, Suite 201	When was the debt incurred?	
	Chicago, IL 60659 Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	As of the date you me, the claim is. Oneck all that apply	
	☐ Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only		
	At least one of the debtors and another	☐ Disputed Type of NONPRIORITY unsecured claim:	
		☐ Student loans	
	☐ Check if this claim is for a community debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	No	\square Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	Other. Specify	
4.3	Citi Diamond Preferred Card	Last 4 digits of account number 0526	\$13,458.09
	Nonpriority Creditor's Name		
	Box 6500 Sioux Falls, SD 57117	When was the debt incurred?	
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	□ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify	
4.4	Small Business Administration	Last 4 digits of account number 358A	\$625,823.61
	Nonpriority Creditor's Name c/o Joel Nathan, Asst. U.S. Atty 219 S. Dearborn, 5th Floor Chicago, IL 60604	When was the debt incurred?	
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify	
Part 3:	List Others to Be Notified About a Deb	ot That You Already Listed	
5. Use th	is page only if you have others to be notified a	bout your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, it meone else, list the original creditor in Parts 1 or 2, then list the collection agency her	
have r	more than one creditor for any of the debts that ed for any debts in Parts 1 or 2, do not fill out or	t you listed in Parts 1 or 2, list the additional creditors here. If you do not have additio	nal persons to be

Part 4: Add the Amounts for Each Type of Unsecured Claim

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Debtor 1 Eunice Lee

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				Total Claim
	6a.	Domestic support obligations	6a.	\$ 0.00
Total claims				
from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$ 0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$ 0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$ 0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$ 0.00
				Total Claim
T	6f.	Student loans	6f.	\$ 0.00
Total claims				
from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$ 0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$ 0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$ 683,704.71
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$ 683,704.71

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Fill in this infor	mation to identify your	case:			
Debtor 1	Eunice Lee				
Dahtano	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS		
(if known)					☐ Check if this is an amended filing
Official Ford Declarate		n Individual	Debtor's Sc	hedules	12/15
obtaining mone years, or both. 1		n connection with a bank		. Making a false statement, n fines up to \$250,000, or i	
		one who is NOT an attori	nov to holp you fill out h	ankruptov forma?	
Dia you pa	ay or agree to pay some	one who is NOT an attorn	ney to help you fill out b	ankruptcy forms?	
■ No					
☐ Yes.	Name of person				Petition Preparer's Notice, Signature (Official Form 119)
	alty of perjury, I declare re true and correct.	that I have read the sumr	mary and schedules file	d with this declaration and	
X /s/ Eui	nice Lee		X		
Eunic			Signature of	Debtor 2	
Date _	May 12, 2017		Date		

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B2030 (Form 2030) (12/15)

United States Bankruptcy CourtNorthern District of Illinois

In re	Eunice Lee		Case N	0.	
		Debtor(s)	Chapte	7	
	DISCLOSURE OF COMPE	NSATION OF ATTOR	RNEY FOR I	DEBTOR(S)	
	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2010 compensation paid to me within one year before the filible rendered on behalf of the debtor(s) in contemplation	ng of the petition in bankruptcy,	or agreed to be pa	aid to me, for serv	
	For legal services, I have agreed to accept		s	3,500.00	_
	Prior to the filing of this statement I have received		\$	0.00	<u> </u>
	Balance Due			3,500.00	<u> </u>
2.	The source of the compensation paid to me was:				
	■ Debtor □ Other (specify):				
3.	The source of compensation to be paid to me is:				
	■ Debtor □ Other (specify):				
4.	■ I have not agreed to share the above-disclosed comp	pensation with any other person	unless they are m	embers and associ	ates of my law firm.
	☐ I have agreed to share the above-disclosed compens copy of the agreement, together with a list of the na				of my law firm. A
5.	In return for the above-disclosed fee, I have agreed to r	ender legal service for all aspect	s of the bankrupto	y case, including:	
	 a. Analysis of the debtor's financial situation, and rend b. Preparation and filing of any petition, schedules, sta c. Representation of the debtor at the meeting of credit d. [Other provisions as needed] Negotiations with secured creditors to reaffirmation agreements and applications 522(f)(2)(A) for avoidance of liens on home 	tement of affairs and plan which tors and confirmation hearing, ar reduce to market value; exe ons as needed; preparation	may be required; and any adjourned lemption planning	nearings thereof;	and filing of
6.	By agreement with the debtor(s), the above-disclosed for Representation of the debtors in any diany other adversary proceeding.			nces, relief fron	m stay actions or
		CERTIFICATION			
	I certify that the foregoing is a complete statement of an anakruptcy proceeding.	ny agreement or arrangement for	payment to me fo	or representation of	of the debtor(s) in
N	lay 12, 2017	/s/ Ariel Weissber			
L	Date	Ariel Weissberg (
		Signature of Attorne Weissberg and A			
		401 S. LaŠalle St.			
		Suite 403 Chicago, IL 6060	τ.		
		312-663-0004 Fa		ı	
		ariel@weissbergl			
		Name of law firm			_

WEISSBERG AND ASSOCIATES, LTD.

401 South LaSalle Suite 403 Chicago, Illinois 60605 Telephone: 312/663-0004 Facsimile: 312/663-1514

E-Mail: ariel@weissberglaw.com

March 27, 2017

Mrs. Eunice Lee 174 E. Colonial Drive Vernon Hills, IL 60061 By Email: davidlee707@gmail.com

Re: Chapter 7 Bankruptcy

Dear Mrs. Lee:

We are pleased that you have requested this law firm to represent you in the above-captioned matter. Lawyers are required, under the Rules of Professional Conduct, to communicate in writing the basis or rate of their fee when beginning the representation of a client. This letter sets forth the terms concerning our representation of you.

You agree to pay our firm an advanced payment fee in the amount of \$3,500.00 (the "Advanced Payment Retainer"), plus \$335 Bankruptcy Court filing fee, from which we will credit against our legal services as rendered and advance against any reimbursable costs and expenses, which amount is paid to us for the purpose of establishing our attorney-client relationship.

Should a Complaint objecting to your discharge or the dischargeability of a claim be filed against you ("Adversary Proceeding"), we will bill you on an hourly basis--to be applied against the Advanced Payment Retainer. Our billing is based on an hourly rate of \$450.00 for time expended by me and \$350.00 for time expended by the associates of Weissberg and Associates, Ltd. Fractions of hours are computed in increments of one quarter (1/4) of an hour. Some of the work on your case may be done by a paralegal assistant or by a law clerk whose hourly rates are substantially lower; and to the extent that their time is utilized, your overall fee will be reduced. You shall also be responsible for paying all out-of-pocket expenses incurred by my firm in your representation in any such Adversary Proceeding, such as filings with courts and government agencies, photocopying, facsimile transmissions, express courier services, messenger services, computerized Westlaw research, travel costs, and other expenses and charges.

Mrs. Eunice Lee March 27, 2017 Page -2-

Please date and countersign this letter and return it to me with a check in the amount of \$3,835.00 so that we will have a written mutual memorandum of our understanding. Please retain the signed copy of the letter for your file.

Yours truly,

Ariel Weissberg

AW/hw

ACCEPTED this 3/ day of March, 2017

EUNICE LEE

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United States Bankruptcy Court Northern District of Illinois

In re	Eunice Lee		Case No.	
		Debtor(s)	Chapter 7	
	VERIFICATION OF CREDITOR MATRIX			
		Number of Creditors: 6		
	The above-named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of my (our) knowledge.			
Date:	May 12, 2017	/s/ Eunice Lee Eunice Lee Signature of Debtor		

Bank of Hope Midwest Region 4001 W. Devon Ave. Chicago, IL 60646

Chris Verreniotis 3530 W. Peterson, Suite 201 Chicago, IL 60659

Citi Diamond Preferred Card Box 6500 Sioux Falls, SD 57117

KC & LEE, LLC 6200 N. Western Ave. Chicago, IL 60659

PHH Mortgage Services P.O. Box 5452 Mount Laurel, NJ 08054

Small Business Administration c/o Joel Nathan, Asst. U.S. Atty 219 S. Dearborn, 5th Floor Chicago, IL 60604